SUBMAT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



ENTERED Permit #: Refund: Amount Paid: 2 Sign J 8 6

Section 122, Township 50 N, Range 4 W	NV $SV$ Gov't Lot Lot(s) $N = 1/4$ $N = 1/4$	TON	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:  87260 EAGLE BLUFF DR	WAYNE NECSON	Owner's Name:	TYPE OF PERMIT REQUESTED->     LAND USE     SAN	INSTRUCTIONS: No permits will be issued until all lees are pade.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	>
_ W Town of:	1665 Vol & Page	PIN: (23 digits) 04-106-2-50-0	Agent Phone:	Contractor Phone:	City/State/Zip: BAMF/ECD	282) X 08	Mailing Address:	☐ SANITARY ☐ PRIVY	APPLICANT.	
BAYFIECD	Lot(s) No.	PIN: (23 digits) 04- 106-2-50-04-02-4 04-000-21000	Agent Mailing Address (include City/State/Zip):	Plumber:	W1 S4814		City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE		
Lot Size 4. 4	Block(s) No. Subdivision:	Recorded Volume	clude City/State/Zip):			RAMFIECD IWI STAIG	ŀ			Notice let
Acreage 4.5		Document: (i.e. Property Ownership)  /C Page(s) //	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:	Cell Phone:	179-977	Telephone: 7/3-	☐ B.O.A. ☐ OTHER		

7, 4

				`		Value at Time of Completion *include donated time & material	X Non-Shoreland	☐ Shoreland —	
Property		Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	□ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Incl. Internitient)  Creek or Landward side of Floodplain?  If yes—continue —▶
	No Basement	Basement	≥ 2-Story	□ 1-Story + Loft	□ 1-Story	# of Stories and/or basement		ı 1000 feet of Lake, Pon الإلاد	1 300 feet of River, Street of Floodplain?
				X Year Round	□ Seasonal	Use		Pond or Flowage  If yescontinue	itream (incl. Intermittent)
	□ None	N F	□ 3	□ 2	<u>-</u>	# of bedrooms		Distance Stru	Distance Struc
Compost Toilet	□ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	文 Sanitary (Exists) Specify Type: (なり)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline:	Distance Structure is from Shoreline :
	ntract)	ulted (min 200 gallon	:ify Type: (なんり	ify Туре:		pe of ry System operty?		□ Yes ⊠ No	ls Property in Floodplain Zone?
				- X Well	□ City	Water		□ Yes X No	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:

Length:

50

Width:

0

Height:

None

Proposed Use ダ	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	( x )	
	Residence (i.e. cabin, hunting shack, etc.)	( x )	
	with Loft	( x )	
Residential Use	with a Porch	( x )	
	with (2 <sup>nd</sup> ) Porch	( x )	
	with a Deck	( x )	
	with (2 <sup>nd</sup> ) Deck	( x )	
Compagnativise	with Attached Garage	( x )	
	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x )	
	Wobile Home (manufactured date)	( x )	
	Addition/Alteration (specify)	( x )	
Munisipal Vialial Staff	Accessory Building (specify)	( x	
	Accessory Building Addition/Alteration (specify)	( x	
	Special Use: (explain) Short term rental - less than sodal	( SO x 44)	2200
	Conditional Use: (explain)	~ ×	and the second s
	Other: (explain)	× -	

(If you are signing	THE PERSON NAMED IN COLUMN
g on behalf of the owner(s) a letter of a	
ir of authorization must accom	
pany this application)	

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

Owner(s):

Date

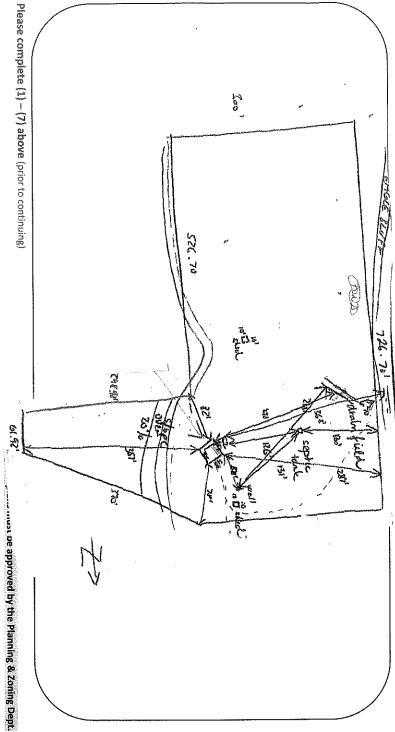
Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of:
- Show / Indicate:
- Show Location of (\*):
- Show: Show:
- (2) (3) (5) (6) (7) Show any (\*): Show any (\*):

- Proposed Construction
  North (N) on Plot Plan

  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  All Existing Structures on your Property
  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  (\*) Wetlands; or (\*) Slopes over 20%



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DescriptionMeasurementDescriptionFeetSetback from the Lake (ordinary high-water mark) $1/4$ FeetFrom the Established Right-of-WayFeetSetback from the Lake (ordinary high-water mark) $1/4$ FeetFrom the Established Right-of-WayFeetSetback from the River, Stream, Creek $1/4$ FeetFrom the North Lot Line $23$ FeetSetback from the Bank or BluffFeetFrom the South Lot Line $32$ FeetSetback from Wetland $1/4$ FeetFrom the West Lot Line $23$ Feet20% Slope Area on property $1/4$ FeetFeetSetback from the East Lot Line $33$ FeetElevation of Floodplain $1/4$ FeetTo Septic Tank or Holding Tank $1/4$ FeetSetback to Well $33$ Feet				Feet	2/4	Setback to Privy (Portable, Composting)
Measurement     Description     Measurement       3€\$ Feet     Setback from the Lake (ordinary high-water mark)     1/4       Feet     Setback from the River, Stream, Creek     1/4       28     Feet     Setback from the Bank or Bluff       29     Feet     Setback from Wetland     1/4       29     Feet     Setback from Wetland     1/4       29     Feet     Setback from Wetland     1/4       29     Feet     Elevation of Floodplain     1/1       126     Feet     Setback to Well     57				Feet	2/4	Setback to <b>Drain Field</b>
Measurement     Description     Measurement       3€\$ Feet     Setback from the Lake (ordinary high-water mark)     1/1/4       Feet     Setback from the River, Stream, Creek     1/4       2\$ Feet     Setback from the Bank or Bluff     1/4       2\$ Feet     Setback from Wetland     1/4       2\$ 77     Feet     Setback from Wetland     1/4       2\$ 77     Feet     Setback from Wetland     1/4       2\$ 77     Feet     Elevation of Floodplain     1/4	Feet	2.5	Setback to Well	Feet	126	Setback to Septic Tank or Holding Tank
Measurement Description Measurement    3 く						
Measurement Description Measurement    3 く	Feet	11/11	Elevation of <b>Floodplain</b>	Feet	339	Setback from the East Lot Line
Measurement     Description     Measurement       3€₽ Feet     Setback from the Lake (ordinary high-water mark)     1/4       Feet     Setback from the River, Stream, Creek     1/4       Setback from the Bank or Bluff     1/4       Parameter     Setback from Wetland     1/4	No	X Yes	20% Slope Area on property	Feet	2.8.7	Setback from the West Lot Line
Measurement     Description     Measurement       3C₽ Feet     Setback from the Lake (ordinary high-water mark)     1/4       Feet     Setback from the River, Stream, Creek     1/4       Setback from the Bank or Bluff     1/4	Feet	n/a	Setback from Wetland	Feet	67.5	Setback from the <b>South</b> Lot Line
Measurement  3∠₽ Feet Setback from the Lake (ordinary high-water mark)  Feet Setback from the River, Stream, Creek  Setback from the Bank or Bluff  Setback from the Bank or Bluff				Feet	56.	Setback from the North Lot Line
Measurement       Description       Measurement         3       Feet       Setback from the Lake (ordinary high-water mark)       p/ q         Feet       Setback from the River, Stream, Creek       n/ q	Feet		Setback from the Bank or Bluff			
Measurement Description Measurement  3 と	Feet	10/10	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
Measurement Description	Feet	10/10	Setback from the Lake (ordinary high-water mark)	Feet		Setback from the Centerline of Platted Road
Measurement Description						
	ent	Measuremo	Description	7	Measureme	Description

rent or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from veyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

# Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:
Signature of Inspector: (6/12/26/+
CAPacity limited to (B) EISET Profit B and on SICIND of
Date of Inspection: (0/12/20)7 Inspected by: ( but I Sch) was Date of Re-Inspection:
Inspection Record: 2x; 51 10 casi devoca to / moderal Stpt ( 345 ter.   Zoning District ( 151)
Was Parcel Legally Created Wes □ No Were Property Lines Represented by Owner Was Proposed Building Site Delineated Wes □ No Lysticy Nord Was Property Surveyed Wes □ No Lysticy Nord □ No
Granted by Variance (B.O.A.)  Previouslý Granted by Variance (B.O.A.)  Case #:
Is Parcel a Sub-Standard Lot   Pes (Deed of Record)   No   Mitigation Required   Yes   Mo   Affidavit Required   Yes   Mo   Is Parcel in Common Ownership   Yes (Fused/Contiguous Lot(s))   No   Mitigation Attached   Yes   No   Affidavit Attached   Yes   Mo   Is Structure Non-Conforming   Yes   Yes   Mo   Affidavit Attached   Yes   Mo
Permit #: 17-0354
Permit Denied (Date): Reason for Denial:
Issuance Information (County Use Only)  Sanitary Number: 06-1835 # of bedrooms: C   Sanitary Date: 9/13/2006

vn, City, Village, State or Federal rmits May Also Be Required

LAND USE - X
SANITARY - 06-183S
SIGN SPECIAL - Class A
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0304	····	···	Issue	d To: Wa	yne	Nelson							u u
Location:	-	1/4	of	-	1/4	Section	2	Township	50	N.	Range	4	W.	Town of	Bayfield
Gov't Lot			l	_ot	1	Blo	ck	Su	bdivisi	on				CSM# '	1665

For: Residential Other: [1 – Unit: 2 - Story; Short-term Rental]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Capacity limited to eight (8) people based on sizing of septic system. Must contact Bayfield County Health Department for Health Department Authorization.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

### **Rob Schierman**

**Authorized Issuing Official** 

August 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) Tu

CHIEF Permit #: 17.23[1

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Amount Paid:

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Refund:

Commercial B

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Contractor Phone   Contractor		×	_			***************************************	al Use: (explain)	Condition			
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Light   Ligh				ROOK .	Q.	,		(6)			
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SAMILARY   SAMILARY   SAMILAR   SA	l	X X X				4		Accessory	-	Municipal dise	-
Second   Standard		× 32	OC.)		2014		Alteration (specify)	Addition/	***	)	1
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Description   Distance Structure   Service   Distance				& food prep facilities)		sleeping quarter	e w/ (□ sanitary, <u>or</u> [	Bunkhous			
SANULARY				was training grant dynamic and a grant dynamic		age	with Attached Gar		nde		
Committee   Committee   Committee   Committee   Composition   Composit		×				in delivery from a	with (2 <sup>nd</sup> ) Deck			***************************************	
Constitution   Listory + Loft   Market   Marke		×					with a Deck				
Construction   C.1.Story + Loft   Structure   Struct		× )		The second secon	4		with (2 <sup>nd</sup> ) Porch				
Control   Cand Dise   Shalling Address   Cany State City   Cany		×				The state of the s	with a Porch				
Comparison on bool of the object of lake, Pand or Flowage   West-continue + Property/Land within 1000 feet of River, Stream lost inversion a Business on   1.5tory   Loft   2.5tory   1.5tory   1.		x )									
Cantactor Phone:   SAMILARY   SAMILE Address   Chyl Kurf Ze   SAV Field   List   SAV Fi		×			,	shack, etc.)	(i.e. cabin, hunting	Residence			
LAND USE   SANII AKY   PHINT   COMULIVARI USE   SPECIAL USE   SALA. GOID   GO	Foot	nensions X	ר mid		90 80	Proposed Struct	Stricture (first stric	Drincinal C	<del> </del>	Proposed Use	\$25.55 \$25.55
SANI DISE   SANI LAND   PRIVER   PRIVAL CANALIDAR LOSE   SPELIAL LOSE   SALIAL LOSE   SANI LAND   CONTROL SERVICE   CO	Sour			7	- P	,					
REQUESTED—Y   LIAND USE   SANIHARY   PHINY   CONVENTIONAL USE   SPECIAL USE   CALLAR USE   CALLA		Height:		Width: 50	10,				n:	oposed Constructio	Pr
REQUESTED				Width: 32	2		is relevant to it)	ng applied for	permit bei	disting Structure: (if	Ψ
REQUESTED-+   LAND USE   SAMILARY   PRIVE   CONTROL USE   SPECIAL USE		6		None SARV	2/2	ر ا ا	U	www.		To the second se	
Legal Description:   Legal Description:   Legal Description:   Lots   Stories   May Feel   Lots   No.   Stories   Lots   Stories   May Feel   Lots   No.   Stories   Lots   Story + Lots   Lots   Store   Lots   Story + Lots   Lots   Store   Lots   L									roperty	7	
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Easal Description:   Use Tax Statement   Lotts   Cantractor Phone:   Plumber   Plumb	gallon)	ed (min 200 g	Vault	Privy (Pit) or				existing bldg)	elocate (e	ا ت[	- 1
REQUESTED-   LAND USE   SANII AKY   PRIVY   CONDITIONAL USE   SPECIAL		Type:conve	Specify	Sanitary (Exists)				3	onversion		·U
REQUESTIBO—   LAND USE   SAMILARY   PHRIVY   CONDITIONAL USE   SYLUAL	-	Type:	Specify .	(New) Sanitary			1	Alteration	ddition//		ጉ
REQUESTED—* LAND USE SAMI ARY PRIVY CONDITIONAL USE SYLUAL USE SAMA WATER Address:    PROJECT   PRIVY   CONTRITIONAL USE   SYLUAL USE								ruction	lew Const	<b>19</b>	
Person Signing Application on behalf of Downer(s)    Legal Description:   Use Tax Statement)   Lot(s)   Lot(s) No.   BAY FIEID   Lot(s) No.   Boundards   Boundards		of System erty?	t Type nitary: e prop	Wha Sewer/Sa Is on th	# of bedrooms	Use	# of Stories and/or basement	Ð	Proje	alue at Time f Completion * include onated time & material	a <u>o</u> <
LAND USE   SANILARY   PRIVY   CONDITIONAL OSE   SPECIAL USE   Boundary   Telephone   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   Plumber:   E.) S   M. C. M. A. C. Cell Phone   City/State/Zip:   Contractor Phone:   Plumber:   E.) S   M. C. M. A. C. Cell Phone   City/State/Zip:   Contractor Phone:   Plumber:   Contractor Phone:   Plumber Phone:   Recorded Deed (i.e. # assigned by Fig. Contractor Phone:   C										Non-Shoreland	×
Contractor Phone:   Contractor Phone:   Contractor Phone:   Plumber:   Contractor Phone:   Contractor Phone:   Plumber:   Contractor Phone:   Contr	-	⊠ No	*	cture is from Shoreline :fe	Distance Stru	1	1000 feet of Lake, Pon	/Land within	s Property	\	
Cand Use   Sant lary   Privy   Converted City State Zip:   Contractor Phone:   Plumber:   EDS   (M & Apri Cod   Phone:   EDS   (M & Apri Cod   Plumber Phone:   Plumber Phone:   EDS   (M & Apri Cod   Plumber Phone:   Plumber Phone:   EDS   (M & Apri Cod   Plumber Phone:   Pl		Is Property in loodplain Zon	<u> </u>	cture is from Shoreline :	Distance Stru	am (incl. Intermittent)	300 feet of River, Stre	/Land within dward side of	s Property eek or Land	T	
Cantractor Phone:   Contractor Phone:   Contractor Phone:   Chy/State/Zip:   Chy/State/Zip:   Chy/State/Zip:   Chy/State/Zip:   Chy/State/Zip:   Chy/State/Zip:   Chy/State/Zip:   Contractor Phone:   Contr				W V V	Preid		100		, Township	1	
Cation on behalf of Owner(s))   Tax ID# (4-5 digits)   Tax ID# (4-	roage	A	ivo di	סוטנג(ס) איט.		O Voi & Fage	Corts)	3,409	W.	200	IMI
Cation on behalf of Owner(s))   Agent Phone:   Agent Mailing Address:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   E   S   M C   M M C   M M C   M M C   M M C   M M C   M M M M	by Register of A	d (i.e. # assigne	ment#J			4 (4-5 digits)	Tax	4	al Descrip		
Mailing Address:  SR  S6565CH KWT BAYFIELD WI S4814  City/State/Zip:  City/State/Zip:  City/State/Zip:  Contractor Phone:  Plumber:  Contractor Phone:  E) S Mechanical	hed No	-	ip);	dress (include City/State/Z	Agent Mailing Ad		J	cation on behalf	Signing Appli	sthorized Agent: (Person	Ą
Mailing Address:  SR  S6565 Cty Kwt 5 BAYFIELD WI S4814  City/State/Zip:  City/State/Zip:  SAYFIELD WI S4814	ber Phone:	Plum		nechanical	Plumber:	one:	, 8			ontractor:	8
	2-231	27/2		718	3	ANTICIP C	W 80 8	Lωy ,			
LAND USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.U.E	hone.		SHS	7	4	5	38	P	(A)	Springs Hau	1)
	hone:	B,C.	)E	Zip:	CONDITIO	Address:	□ SAN	LAND	STED-	PE OF PERMIT REQUI	5 7
	6	£ Y		i continu	na Dept	Bayfield Co. Zoning Dept.	INSTRUCTIONS: No permits will be issued until all fees are paid.  Bayfie	until all fees an	III be issued	RUCTIONS: No permits w	Z

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of payfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:

Address to send permit

Owner(s):

Aultiple Own

od on the Deed All Owners r

must sign or letter(s) of authorization must accompany this application)

Date

(If you are signing on behalf of the owner(s) a

Date

Hold For	Signatur		Date of I	Inspection	Was Pr	Granted Yes	is Parcel is Str	Permit #:	Issuano Permit D	Charles Control	Prior to the other previous Prior to the Prior to the one previous marked by a	Setback Setback Setback	Setback	Setback Setback	Setback Setback		Please		in the second	
Sanitary:	NUL No.	Condition(s): Town, Bull	Date of Inspection:	Inspection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) Yes X-Mo	is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	フ 88 三	Issuance Informa Permit Denied (Date):	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (I NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not Permits for The Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Construction of Use has not Construction or Use has not Construction of Use Permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's septense.  This reviously surveyed corner or marked by a licensed surveyor at the owner's septense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank Setback to Drain Field Setback to Privy (Porta	Setback from the West Lot Line Setback from the East Lot Line	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	Setback from the C	100 miles	comple		The second secon	; (4) SI (5) SI (7) SI
	or: Ch	Committe	ナーダ	\$ CRUES	arcel Legall Iding Site D	(B.O.A.)	Standard London Conformir		ation (Co	Stake or Mark Proposed Location(s) of New Construction.  NOTICE: All Land Use Permits Expire One (1) Year from For The Construction of New One & Two Family Dwelling: ALL.  The local Town, Village, City, State or I	onstruction or corner or mark construction of onstruction of onstruction of one to the other or at the own	Tank or Holding Field Fortable, Compo	ast Lot Lin	North Lot Li South Lot Li	Centerline of Platted Road Established Right-of-Way	Description	complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	1	A RIVER	Show: Show: Show any (*): Show any (*):
Held	18.2	<u>σ</u> [	<u>e</u>	300	y Created elineated	Case #:	ot □Yes ip □Yes ig □Yes		ounty Us	hark Propo	a structure wa ed by a license a structure mo er previously s er's expense.	ding Tank imposting)	100	ام	of Platted Right-of-V	<b>a</b>	above (pri	#   	Shankuse 75	); ();
Hold For TBA:	and of	ditions		1 2 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	X Yes				e Only)	osed Loca and Use Po of New On The loc	d surveyor at the families (10) re than ten (10) arveyed corne	700	404	0130	Road		or to conti	Marine San	75 Mase	All Exi (*) We (*) Lal (*) Lal
		Attached?		27.5	No No		(Deed of Record)(Fused/Contiguous Lot(s))	Pern	Sani	tion(s) of armits Expi e & Two Fa al Town, Vi	he owner's exp ) feet but less or verifiable		w C	30/2		Me	Sha Red continuing)	farming.	, TRA	All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
Hold	E T	Yes	Inspected by:	なるよう			(5))	Permit Date:	Sanitary Number: Reason for Denial:	New Cons re One (1) ' mily Dwell llage, City,	expense. less than thirty (30) ble by the Depart	To control	8,8	Hamas 75		Measurement			38 N Org	stures on \ Septic Tai Septic Tai s; (*) Stre a; (*) Slopea
Hold For Affidavit:	0	\$ & E	5	28		•	NO OO OO	3-9-1	er.	truction, Service of Feat Property of the Indian Property of Indian Pr	)) feet from th	Feet Feet	Feet	Feet	Feet	īt	County	To the second second	Bullet 18 19 19 19 19 19 19 19 19 19 19 19 19 19	our Prope our Prope nk (ST); (*) am/Creek s over 20%
Ā			ا م	Large t	Were Pr	Previously Gr	Mitigation Required Mitigation Attached			Septic Tank the Date of Municipalitie	e minimum rea f a corrected c	Setback to V	Elevatio	Setback	Setback Setback Setback		E.F. P		ST S	rrty Drain Fie ; or (*) Po
		ى لا e att		3 2	Were Property Lines	Granted by	Required Attached		rew	(ST), <u>Drai</u> Issuance if is Are Requicies may a	quired setback	Vell	Elevation of Floodplain	Setback from Wetland	Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff				That needs august	ld (DF); (*)
Hold For Fees:		6.3		parries.	s Represer Was Prop	Variance	□ Yes □ Yes		# of bedroo	<u>n field (DF</u> 'Construct lired To En Iso require	, the boundary	Shared Chert	plain	land	Lake (ordin River, Stre Bank or Bl	Description	Changes in plans must be appro		To the state of th	Holding 1
es: □		n hu		<u> </u>	Represented by Owner Was Property Surveyed	(B.O.A.)	NO O		JITAS:	), Holding on Use force The Legermits.	dine from whi	A C			nary high-n am, Creek uff	Ön	ChcR		Non	Tank (HT) :
		£.3	Date	Zon		Case #:	Affida Affida		Sani	Tank (HI) has not beg Jniform Dw	the se	5 6			high-water mark) Creek		approved		RADA FR	
	D-71	3 2	Date of Re-Inspection:	Zoning District Lakes Classification	Thes harrowy		Affidavit Required Affidavit Attached		sanitary Date:	<u>HT), Privy (P)</u> , a t begun. n Dwelling Code.	cmust be mea	sible from one prev			X.		AMR Jevy		Von E	(*) Privy (P)
	proval	the	spection:	ation (	gras		ed □Yes			Tank (ST), <u>Drain field (DF)</u> , <u>Holding Tank (HT)</u> , <u>Privy (P)</u> , and <u>Well (W)</u> , te of Issuance if Construction or Use has not begun.  Salities Are Required To Enforce The Uniform Dwelling Code.  agencies may also require permits.	back must be measured must be visible from proposed site of the structure, or must be	previously surveye	Tes			Measurement	HMR ICAI	•	N & T	
		tori ap	3	¥	)     No		No No			(W).	visible from must be	Feet red corner to the	Feet	Feet	Feet Feet Feet	ement	ming Dep		S. S	

City, Village, State or Federal May Also Be Required

AND USE - X SANITARY -SIGN-SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Authorized Issuing Official

August 9, 2017

Date

No.	17-0	311	187		ssued	1 To: <b>Ja</b>	mes l	-lauser		At .	<u></u>	······································	<u></u>		
S ½ of Location: Less CSN	SE 1 #950	½ )	of	NE	1/4	Section	10	Township	50	N.	Range	4	W.	Town of	Bayfield
Gov't Lot			l	_ot		Blo	ock	Su	bdivisi	on				CSM#	
(Disclaime	r <b>):</b> Ar	ıy futı	ure ex	pansio	ns or	<u>(2</u> developmer	) <u>Lear</u> nt would	d require addition	onal per	mitting	) = 300 ·				= 3,140 sq. ft.
Condition	າ(ຣ): 🎚	Buil	dinç Iina	not Con	appi	roved fo	r resi derv.	dential use winery, and	or h	umar istille	n habita ery will r	tion equ	. App	roved as Iditional p	Commercial Ag permitting.
		<b>→ 6-8 H 3 €</b>	~ : : : <u> </u>	2 20 20 8 2										ennifer M	
NOTE: Th	is perm	iit exp	oires c	ne yea	r from	date of issu	ance if t	he authorized c	onstruct	tion			Autho	rized Issuinc	g Official

completed or if any prohibitory conditions are violated.

to have been misrepresented, erroneous, or incomplete.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found

This permit may be void or revoked if any performance conditions are not

work or land use has not begun.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, Wi 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

m (52) (FIFT) 217717773 Chief a mu

Z Ф Ф 

Permit #: Date: Amount Paid: %10,

NAOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	ecks are made payable to: Bayfield County Zoning Department.
TV HAND	field Cour
PERMITS	nty Zoning
HAVE BE	g Departm
EN ISSUED	ent.
TO APPLICANT.	

□ Yes	□ Yes	reline : feet	Distance Structure is from Shoreline:		ake, Pond or Flowage  If yescontinue →	☐ Shoreland — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes—continue	□Sho
Are Wetlands Present?	ls Property in Floodplain Zone?	reline : feet	Distance Structure is from Shoreline :	1	ver, Stream (ind. Intermittent)  If yescontinue —	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶	
18.590	Acreage 18.5	Lot Size		Buy Field	w Town of:  Town of:  Riy:	Section 33, Township 50 N, Range 04	
	hп:	Subdivision:	Lot(s) No. Block(s) No.		s) CSM Vol & Page	1/4,1/4 Gov't Lot Lot(s)	
erty Ownership)	Recorded Document: (i.e. Property Ownership)  Volume	Recorded Volume_	PIN: (23 digits) 04-006 72-50-04-23-2 60000	04-1	<u>PIN</u> : (23 digits) 04- 006 ことうひ	PROJECT LOCATION Legal Description: (Use Tax Statement)	CO P
Written Authorization Attached W Yes  No	Written Author Attached X Yes 3 No	State/Zip):	Agent Mailing Address (include City/State/Zit	Agent M	Agent Phone: 715-2269	Authorized Agent: (Parson Signing Application on behalf of Owner(s))	Author
Phone:	Plumber Phone:		• •	Plumber:	Contractor Phone:	In house	Contractor:
6:	Cell Phone:		W 54814	w	City/State/Zip:  **Skiy Field**,	Address of Property: 84810 WS Highway 13	2 Add 6
2 0 10 Vii	Telephone: 7313	11 548	City/State/Zip: Washburn, Wi 54891		Mailing Address: P.O. Box 455	Owner's Name: Lake Superior Big Top Chartarapies	Owner O 2 X
□ OTHER	□ B.O.A. □ O	SPECIAL USE		COND	□ PR	TYPE OF PERMIT REQUESTED—▶   □ LAND USE □ SAI	TYPEC
			Baylield Co. Zoning Dept	<u>ă</u>		INSTRUCTIONS: NO PERMIS WILL BE ISSUED UNIO ALL PERMITS HAVE REFO. ISSUED TO APPLICANT. TO NOT START CONSTRUCTION LINTEL ALL PERMITS HAVE REFO. ISSUED TO APPLICANT.	Checks ar
		Refund:		C	£	The promise will be increased in the large are noted	

Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?
	☐ New Construction	☑ 1-Story	☐ Seasonal	□ <b>1</b>	. ☐ Municipal/City
•	☐ Addition/Alteration	☐ 1-Story + Loft	⊵ Year Round	E 2	(New) Sanitary Specify Type:
340,000	Conversion	☐ 2-Story		□ 3	Sanitary (Exists) Specify Type:
	☐ Relocate (existing bldg)	Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
	☑ Run a Business on	☐ No Basement		None	Portable (w/service contract)
	Property	☐ Foundation			Compost Toilet
		]			

If yes---continue --▶

Proposed Construction:   Length:   Width:	Existing Structure: (if permit being applied for is relevant to it) Length: Width:		
h: Height:	h. Height:		
1	1	1	ŧ

Proposed Use イ	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	( x )	
	Residence (i.e. cabin, hunting shack, etc.)	( x )	
	with Loft	×	A THE STATE OF THE
Residential Use	with a Porch	×	
Rec'd for Issuance	with (2 <sup>nd</sup> ) Porch	( ×	
- Control of the Cont	with a Deck	( x	
225000000000000000000000000000000000000	with (2 <sup>nd</sup> ) Deck	×	
Commercial Use	with Attached Garage	( × )	
Secretarial Staff	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	( x )	
	Mobile Home (manufactured date)	( x )	
	Addition/Alteration (specify)	×	
Municipal Use	Accessory Building (specify)	( x )	
	Accessory Building Addition/Alteration (specify)	( × )	
	Special Use: (explain)	×	
	Conditional Use: (explain)	( x )	
	Other: (explain)	( x )	and the state of t

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

	Authorized Agent:	(If there are Multiple
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	When D. Kint	(If there are Multiple Owners lifted on the Deed All Owners must sign or letter(s) of authorization must accompany this appli

Address to send permit

Owner(s):

Date 5/ Date

accompany this application)

Attach

Copy of Tax Statement

H you recently purchased the property send your Recorded Deeth

# City, Village, State or Federal May Also Be Required

LAND USE - Required
SANITARY - Required (if applicable w/land use)
SIGN -

SPECIAL -CONDITIONAL - X (7/20/2017)

BOA -

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0317		Issued To: Lake Superior Big Top Chautauqua / Kevin Hunt, Agent								, Agent	
Location:	<b>NE</b> ¼ c	of <b>NW</b>	1/4	Section	23	Township	50	N.	Range 4	W.	Town of	Bayfield
Gov't Lot		Lot	1-9 &	. 11-19		Block	24		Subdivisio	n	·	Rice & Thompsons

## For: A Banquet Hall / Event Center; and Bar, Cocktail Lounge, Tavern:

(Disclaimer): The Planning and Zoning Department <u>does not</u> authorize the beginning of any construction or land use; <u>you must first obtain land use application(s)/permit card(s)</u> from the Planning and Zoning Department. <u>You (the property owner) shall fulfill</u> the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): Per conditions of Planning and Zoning Committee. Committee Conditions: 1] Connect to/use the Pikes Bay Sanitary District line as agreed. 2] Any outdoor events or concerts be non-amplified and over by 9:00 pm. 3] Use the existing building, venue, and parking lot. 4] They use downward pointed lighting.

NOTE: Conditional Use permit shall automatically terminate 12 months from its date of issuanceif the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall—automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

### Jennifer Murphy

**Authorized Issuing Official** 

August 10, 2017

Date